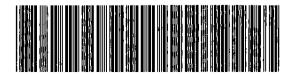
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WI-9139

J. BRYAN

MAR - 4 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2010

LORI GELINAS 3043 GULFWIND DRIVE LAND O LAKES, FL 34639

SUBJECT: TAXXPRESS, LLC Ref. Number: W10000009139



We have received your document for TAXXPRESS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must-end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P00000088471, TAX XPRESS INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 710A00004466

### **COVER LETTER**

TO:	Registration S Division of Co							
SUBJ	ECT: TaxXpre	ess & Accounting, LLC	ed Liability Cor	npany				
		, and of Billio	ca Diagnity Co.	iipuiiy				
The en	closed Articles o	f Organization and fee(s) are	submitted for fi	ling.				
Please	return all corresp	oondence concerning this matt	ter to the follow	ing:				
	Lori Gelinas							_
			Name of Person					
	W		Firm/Company		<del></del>	72		-
						SEC	5	
	3043 Gulfwind	d Drive				ARE	R	
			Address			AR'Y SSI	ယ်	F
	Land O Lakes	s. FL 34639				E O	PH	
			y/State and Zip C	ode		F0.	<u>5</u>	- (
	lorigelinas3@	verizon.net				RIE	57	
		E-mail address: (to be used to	for future annual i	report notificatio	n)	J. P		_
For fu	rther information	concerning this matter, please	e call:					
Lori (	Selinas		at (_813	)948-078	37			
	Name	of Person	Area C	ode & Daytime	Telephone Numb	per		
Enclo	sed is a check fo	or the following amount:						
□\$125	.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	\$160.00 Certifica Certified (additional	ite of Sta I Copy	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	tration Section from of Corporate Building Executive Centures, FL 3230	ions er Circle			

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Nam</b>	e:		
The name of the Lin	nited Liability Com	pany is:	
TaxXpress & Acc		nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address	of the principal office of the Limited Li	iability Company is:
Principal Office Ad	ldress:	<b>Mailing Address:</b>	
24442 SR 54		3043 Gulfwind Drive	
Lutz, F1 33559		Land O Lakes, FL 34639	
	npany cannot serve as its	egistered Office, & Registered Agent' own Registered Agent. You must designate an indiv	
The name and the Fl	orida street address	s of the registered agent are:	
<u> </u>	_ori Gelinas		10 P SEC
		Name	MAR -3 CRETARY LAHASSE
	3043 Gulfwind Dr		-3 ARY SSE
_	Florida	street address (P.O. Box NOT acceptable)	PH 2
_	Land O Lakes	FL 34639	
		City, State, and Zip	음을 5

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

effective date is listed, the date must be specific and cannot be more than f	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than form of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of penalties	
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REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of p	
Signature of a member or an authorized representative of a median accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of p	
(In accordance with section 608.408(3), Florida Statutes, the execu of this document constitutes an affirmation under the penalties of p	
of this document constitutes an affirmation under the penalties of p	nember.
Typed or printed name of signee	<b></b>

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)